

18. *Ergot of Rye in Paralysis.*—It is probable that this remedy acts more especially on the lower or lumbar portion of the spinal marrow. In this way we can account for its utility in stimulating not only the uterus, but also the abdominal and other auxiliary detrusive muscles in expelling the fœtus, when labour-pains are tardy and weak.

It has been used, and with advantage, in certain cases of paraplegia; but it is quite impotent in hemiplegia.

M. PETREQUIN alludes to a case of paraplegia following a severe contusion of the back, in which the ergot appeared to effect a cure, after moxas, blisters, and a variety of internal remedies had been tried in vain.

The effects of the medicine are similar to those of strychnine; the patient usually experiencing a sense of pricking and formication in the palsied parts. The dose is at first from six to eight grains, to be gradually increased to two scruples or upwards.

An occasional turpentine enema may be advantageously used at the same time. M. Petrequin reminds his readers of the necessity of precaution in continuing the use of the ergot for a length of time. To obviate its *septic* tendency in certain constitutions, the patient should be kept on a nourishing animal diet.

M. Ducros observed gangrene of the heel in more than one case, where the ergot had been administered without due attention to the diet.

It may be proper to observe that the ergot requires to be kept in a well-stopped phial, and should be reduced to powder only at the time it is to be used.—*Medico-Chirurgical Review*.

SPECIAL PATHOLOGY AND SPECIAL THERAPEUTICS.

19. *Albumen as a cure for Dysentery.*—The blood in chlorosis is deficient in iron, and this affection is cured by the administration of preparations of that metal. Dr. MONDIÈRE was induced to believe, from the consideration of this fact that dysentery might in like manner be cured by furnishing to the blood the albuminous principles which are thrown off in such large quantities in this disease. The first case in which he tried this remedy was eminently successful. The patient had been under treatment for dysentery for several days without being benefitted, but in a few days after he commenced the use of albumen, he was restored to health. Shortly after this, dysentery prevailing as an epidemic gave Dr. Mondière ample opportunities of establishing the curative powers of albumen; many cases, he assures us, yielding within from twelve to twenty-four hours, after the commencement of the albuminous treatment. The formula in which he administers this remedy is the following. Take two pounds of water, and six whites of egg, and heat them well together, then strain, add three ounces of sugar, and as much orange-flower water as will flavour it. Three or four bottles of this mixture must be administered in the course of the twenty-four hours; and the same is also given in injections.—*Archives Générales*, April, 1839.

20. *Bicarbonate of Soda in large doses a cure for Croup.*—A child after playing for some time in a damp court, was suddenly seized with extreme difficulty of breathing, and so loud as to be heard in the next room, with a hoarse suppressed cough, coming on in fits; the voice almost gone, and the inspirations very noisy. The face was swollen, as also the neck, to which part the child frequently raised its hands as if to tear away something. The expectoration was tough and glairy, and mixed with some cream-coloured particles. At each fit the child started from its bed in great terror. The pulse was 160; and during the remissions the tracheal rattle was so loud as to conceal the natural sounds of respiration; and no doubt existed of its being a genuine case of croup. In these circumstances two scruples of the bicarbonate of soda were ordered to be dissolved in four ounces of milk and water, with the addition of one ounce of syrup of No. XLIX.—NOVEMBER, 1839.

mulberries, and of this a teaspoonful was given every five minutes; sinapisms were applied to the limbs, and purgative enemata administered every hour.

At the end of two hours shreds of membrane were expelled with the expectoration, but the patient was otherwise much as before.

Three hours after, the child was much better; it had coughed up many shreds of false membrane; the anxiety was less; the cough had diminished in intensity and frequency, and the pulse had fallen to 120 beats; the laryngeal rattle, however, still continued.

Next morning the child was in a very satisfactory state, and had passed a good night. The cough had ceased to come on in fits, but the voice was still somewhat croupy; the pulse had fallen to 100; the swelling of the neck was gone. The laryngeal rattle was nearly gone, and by next day the child was so well as to be able to run about. About three scruples in all of the bicarbonate had been administered during the disease, and it is mentioned as an additional recommendation, that the child had never desired to take any other drink than that presented during the intensity of the disease.—*Edinburgh Med. and Surg. Journ. from Gazette Méd. de Paris*, April 13th, 1839.

21. *Cure of a Stubborn case of Aphonia by means of Ammoniacal Vapours.* By Dr. GERNER.—A young lady was affected, in consequence of a cold, with complete loss of voice, which had already existed three months, notwithstanding all the remedies which were tried. Dr. Gerner, supposing the cause of the affection to be a relaxed state of the mucous membrane of the trachea, at last cured the patient completely in three days by the inhalation of ammoniacal vapours, disengaged from a mixture of a solution of muriate of ammonia and carbonate of potass.—*B. & F. Med. Rev.*, July, 1839, from *Zeitschrift für die ges. Med.* Feb., 1839.

22. *Nature and Treatment of Phthisis.* By D. J. CORRIGAN, M. D. (Extracted from a clinical lecture).—John Carroll, a labourer, ætat. 28, was admitted on the 15th October, with hæmoptysis. He had been of very intemperate habits, and was continually exposed to repeated wettings. About seven weeks before admission his illness commenced with severe pains in his back and shoulders, accompanied with cough and trifling expectoration, and he wasted in flesh. About a fortnight before his admission, the hæmoptysis set in, and it has continued at intervals up to the present time. His pulse is 72; tongue foul. In the subclavicular region of left side, there is dulness on percussion, with muco-crepitating rattle; natural respiration very feeble, and with very loud bronchophony.

On the 23d of October the report was, that the hæmoptysis had ceased, and that the sound on percussion under left clavicle was becoming clearer, and the muco-crepitating rattle more limited, but still audible to the extent of an inch and a half under the clavicle. Pulse 96, small.

On the 5th of November an issue was inserted under the left clavicle.

On the 10th the report is, that the cough was less severe; the pulse was only 76; there were no sweats; the sound on percussion under left clavicle was clear, but the muco-crepitating rattle was more audible under the left clavicle, and the expectoration was purulent and abundant.

On the 20th the cough had returned, with pain about the left scapula, and the pulse rose to 88, and became fuller. The crepitating rattle could be heard posteriorly, as low as the inferior angle of the scapula, and anteriorly as low as the fourth rib. He was blistered; the pain and feverishness ceased, and he was then ordered the use of the iodine diffuser three hours per day.

Of the nature of the affection under which Carroll is labouring there cannot be a doubt. It is tubercular disease of the upper portion of the left lung. The only two diseases with which it might be confounded, are pneumonia and catarrh. The case was at no time sufficiently acute for pneumonia, while the history of the case, the cough and wasting before admission, the hæmoptysis, the dulness on percussion, and the consequent muco-crepitating rattle under the

left clavicle, all distinctly point out tubercular deposition in this region as the cause of the symptoms. It might be suggested that catarrh could cause the mucous rattle under the left clavicle, but the mucous rattle of catarrh is always more diffused; and when, as in this case, the rattle is confined to the superior portion of the chest, while, as we examine lower down, the respiration becomes pure, the probabilities are very great indeed against the diseased action being any thing else than phthisis. Were the mucous rattle general over the chest, the diagnosis might be more difficult; but where, as in this case, the respiration is every where pure except in the upper portion of the left lung, and that the muco-crepitating rattle is there constant, there is very positive proof of the mucous rattle having its cause in a diseased state of the tissue of the lung in that situation; and the history of the case, the cough, the wasting, followed by hæmoptysis, refer us clearly to tubercles in the upper portion of the left lung as the disease. There is another sign, if any were wanting, of the nature of the disease, in the attacks of intercurrent pneumonia which have now and then set in. At uncertain intervals, Carroll has complained of pain or uneasiness in the upper part of the left side; and on those occasions the pulse has risen, the skin has become slightly hot, the expectoration has grown viscid, and, on physical examination, the crepitating rattle has been found to extend as low as the angle of the scapula. The proper means having been employed, these symptoms have disappeared, and the crepitating rattle has returned within its old limits. These intercurrent attacks of pneumonia are among the worst and most insidious aggravations of phthisis.

The treatment of a case such as Carroll's may be advantageously considered in relation to two stages—the stage in which he has been since his admission into hospital, and the stage which he himself so accurately describes, which was of five or six weeks' duration, characterised by wasting and cough, with little or no expectoration. I shall first consider the treatment of his present stage, in which there are softened tubercles in the top of his left lung, with intercurrent attacks of pneumonia. I need not tell you how generally hopeless cases of phthisis are, but that recoveries have taken place where there has been tubercular deposition in a lung, we cannot entertain a doubt. The present is a case in which we may be justified in hoping, at least, for such a result. Cases of phthisis may be divided into two classes: the first, that class of cases in which there is a general scrofulous deposition, and in which the deposition of tubercles takes place through a large extent of lung, and principally from the influence of the general scrofulous diathesis. This form may be called constitutional phthisis. I believe it is always fatal. The second form is where some exciting cause has produced local scrofulous action, and where the tubercular deposition may be confined to the particular site, just as we occasionally see scrofulous action occasionally confined to a joint or a gland, without more general deposition. This second form may be called local phthisis. Of this latter form, I hope, is Carroll's case. He was in perfectly good and rude health until seven weeks before admission, when the first stage of the disease set in; and the diseased action has been confined, in a great degree to its original limits. If neglected, such a case would inevitably degenerate into progressive and general tubercular destruction of both lungs. There is, however, a hope, although a faint one, that the diseased action may be arrested.

This will only be attained by the healing of the scrofulous ulceration in the top of the left lung; and it is with the hope of effecting this, that I have put into operation with him the iodine diffuser.

It has often occurred to me, as I have witnessed the surprisingly rapid effects of the local application of iodine externally, both in producing absorption of indolent scrofulous swellings, and in healing up scrofulous ulcerations, that if a plan could be devised of applying it fairly to similar diseased structures and actions in the tissue of the lungs, we might add materially to our power of combating so dreadful a scourge as consumption. The ordinary inhalers I have always seen patients become tired of. The labour, and trouble, and manœuvring, necessary in using the ordinary glass inhaler will not be borne by a

weakened and irritable consumptive patient; while the uncertainty of the dose of the vapour, and the short time it can be used, render it a worthless instrument. Other modes have been devised of administering remedies through the medium of inhalation; but, after repeated trials, I have found the instrument which I now show you so superior to all the others, and so easy of application, that I have no hesitation in recommending it. [See p. 191-2 for description and figure of this apparatus.]

This diffuser possesses many advantages to recommend it. It requires no exertion whatever from the patient, and the extent to which the impregnation of the air which he is breathing with the vapour of iodine, can be regulated to any degree. So strongly can the air be impregnated with the iodine, that I have seen the window curtains of a large bed-room, at a distance from the bed, stained deep blue by the action of the iodine on the starch in the curtains. The air thus impregnated with iodine is not inhaled for a few minutes only, as in the ordinary inhalers, but is breathed for hours without any attention or labour on the part of the patient. The iodine is also diffused through the air mixed with a quantity of aqueous vapour, which deprives it of its irritating properties, and enables the patient to respire it in larger proportion. In using it, I generally direct that the diffuser shall be hung from the roof of the bed. Set to work when the patient retires to rest, it may be allowed to continue in action for three or four hours. The patient falls asleep, and still continues to inhale the vapour. It may be again set in action early in the morning, and continued for three or four hours; while its use does not interfere with reading, writing, or any other occupation in which the invalid may be employed. When the diffuser is used by being suspended from the roof of the bed, when the vapour is partly confined by the bed curtains, the tincture dropping at the rate of about five drops per minute will generally impregnate the air as strongly as the patient can bear it; but if placed on a table in the open room, in which way the patient also sometimes uses it, the tincture may be allowed to drop at a more rapid rate.

The local application of iodine in its most finely divided state—that of vapour—to the diseased surfaces in the lungs may thus be continued for days or weeks, without the slightest distress or inconvenience to the patient, and the quantity thus applied must be considerable. If we calculate that, at the rate of five drops per minute, there are evaporated in an hour five drachms of the tincture, there is then for every hour more than a scruple of pure iodine diffused through the air which the patient is breathing, and a considerable proportion of which must thus come locally into action on the diseased surfaces of the lungs. When we remember the very small proportions of iodine necessary to produce healing of scrofulous ulcers externally, often not more than five grains of iodine to an ounce of ointment, we can easily imagine that, applied through the diffuser, a sufficient portion may enter the bronchial tubes to exercise a beneficial action on the lungs. The iodine administered in this way is sometimes absorbed. Mr. O'Keeffe has tested Carroll's urine, and has on one occasion detected iodine in it. The effects of the use of the diffuser so far in Carroll's case have been very beneficial. His cough has been greatly lessened; his expectoration diminished; and he observed himself, without being asked about it, that his appetite has been increased since he began its use. We shall give the plan a fair trial, and if iodine or any other remedy acting locally on tubercular action going forward in the lungs will arrest that action, this diffuser furnishes us with the means of giving the remedy a fair opportunity.

In the progress of a case of phthisis, such as Carroll's, the attacks of intercurrent pneumonia require to be closely watched. These consist of sudden attacks of congestion setting in on the diseased lung, and they always increase the development of tubercles, or soften down into abscesses those already deposited. Their attack is easily recognised by the heat of the skin, the rising of the pulse, and the changed expectoration, which accompany or precede them. With these symptoms the stethoscope discovers an increased extent of crepitating rattle. The change in the character of the expectoration is of itself

sufficient to point out the danger. The ordinary expectoration from the tubercular abscess is creamy, purulent, friable, opaque, and without bubbles of air through it; the expectoration on the onset of the attack of congestion and pneumonia presents, in addition, sputa, which are tinged with blood; or if not, are transparent, like white of egg, are viscid, and hold entangled in them bubbles of air of all sizes. When these symptoms show themselves, tonics and full diet should be discontinued, a milk or low diet substituted, and leeches applied, and repeated until expectoration has resumed its former appearance.

I have now to recall your attention to what I have called the first stage of Carroll's illness—namely, that period when he complained alone of cough, with little or no expectoration, and during which he sought for no advice or relief. This period, with him, lasted five weeks; and I direct your attention particularly to it, because such a neglected stage is, in very many instances, the stage which is the foundation of phthisis; and the subsequent onset of phthisis may, I believe, in many, very many instances, be prevented by the timely use, in this stage of blood-letting, general or local, with the employment of mercury—a remedy which may, perhaps, at first view excite a little surprise, when named as a preservative against phthisis. I shall now give you the grounds on which I base this opinion. The history of the first five weeks of Carroll's illness, is the history of a great number of treacherous cases of phthisis. A patient has been attacked with slight bronchitis, or influenza. Four or sometimes ten weeks are passing over; the cough is continuing, and, as in Carroll's case, with little or perhaps no expectoration; the patient is wasting, there is debility, the appetite has failed, and, to restore it and the strength, the patient is probably using tonics or taking wine, but without any good result. The examination of the chest with the stethoscope gives no satisfactory result. It sounds well on percussion, the respiration is natural, or if there be any morbid sound, it is perhaps only a very slight sibilous sound heard, and only occasionally, under one of the clavicles. On examining such a patient more closely, there is heat of skin, and a pulse always somewhat above the natural standard, with evening exacerbations, though trifling in degree, of fever. Thus the only positive signs are the low fever, the consequent wasting, the quickened pulse, and the sonorous or bronchial cough. But these are enough; while the stethoscopic examination tells us there is neither ordinary catarrh, nor disease of the tissue of the lungs, to give rise to the above symptoms. Pathology and experience of the termination of such cases tell us what has been going on during this treacherous period.

The bronchial tubes of the upper lobes of the lungs are more liable to suffer from irritation and low congestion than the bronchial tubes in any other part of the chest. It is not necessary for us to discuss whether tubercles are or are not a consequence of inflammation; it is sufficient for us to know that the long continuance of a low degree of congestion is most favourable to the deposition of tubercles. Andral says—"On doit admettre qu'ils (ces tubercles) sont produits d'une manière le plus souvent évidente, et quelquefois latente, par un travail qui diffère de l'inflammation proprement dite, non par sa nature, mais par son degré,"* &c. The upper lobes of the lungs, in their bronchial tubes, are peculiarly liable to this, very low irritation, which is so favourable to the production of tubercles.

In such a case as I have just described, omit the tonics and the wine; instead of full diet or nourishing food, given under the fallacious idea of restoring health, put your patient on milk diet, apply leeches to the upper part of the chest, and give a mild mercurial preparation, such as five grains of hyd. c. magnesia, every night until the slightest possible effect is produced upon the gums, and the most rapid amendment will follow. There is no need, in such cases, of giving mercury beyond the degree I have mentioned; and remember that in speaking of it as a remedy against phthisis, its use is in removing that degree

* Clinique Médicale.

of low local inflammation which, allowed to remain unchecked, or improperly treated, would terminate in tubercular deposition, and consequent phthisis.

I shall conclude with a case exemplifying the symptoms I have described. In the last week of October a patient consulted me, who for more than two months had been harassed with a ringing cough, without any expectoration. Her breathing was short, and she was occasionally hoarse. She had wasted a good deal, and her appetite was very bad: her pulse was 92. The chest sounded well on percussion, and the respiration was natural. She had been for some time in the country, without deriving any benefit from it. The long continuance of the cough, the wasting, the debility, and the loss of appetite, naturally excited a dread that phthisis was setting in. As she complained of a feeling of oppression over the chest, I bled her to a small amount from the arm, and applied leeches to the trachea. This was followed by the exhibition of hyd. c. magnesia, gr. iij. c. pulv. ipecac. gr. i. ter in die; and she was directed to discontinue animal food. In a few days the gums were slightly touched, the cough at once ceased, the pulse fell to 80, and her appetite and strength rapidly returned. This case, I think, in conjunction with Carroll's sufficiently establishes the position that a low degree of bronchial inflammation may subsist for a considerable time; that it cannot be detected by the stethoscope alone; that it is cured by local blood-letting and mild mercurials; that if allowed to proceed unchecked, it would most certainly terminate in phthisis; and that mercury, by removing that low degree of bronchial inflammation, may be employed as a most useful preventive of phthisis.—*Lond. Med. Gaz.* 13th April, 1839.

23. *Alum internally used in Gonorrhœa.*—Dr. FREDRICH of Leipzig, strongly recommends the internal use of alumen in the inflammatory stage of gonorrhœa. He gives a tablespoonful three times a day of the following mixture:—R aluminis supersulph. ʒj; aq. destillat ʒvj; succi liquir. ʒj. M. In the course of a few days, the pain and heat in passing urine and other acute symptoms abate. When this takes place, Dr. F. usually adds some copaiba balsam and powdered cubebs to the mixture, if the discharge continues. Dr. F. has never observed that the alum disturbs, or in any way interferes with the action of the bowels; it usually diminishes the quantity of the urine.—*Med. Chirurg. Rev.*, July, 1839, from *Schmidts Jahrbucher*.

24. *Secale Cornutum in Paralysis of the Bladder.*—Dr. ALLIER has reported, in the number of the *Journal des Connaissances Medico-Chirurgicales* for November last, four cases of retention of urine, apparently cured by the use of the ergot of rye. In all of them the complaint occurred in elderly men, and had come on in consequence of the bladder having been allowed to become over-distended. In one case, the retention had continued for nearly three months before the employment of the ergot was commenced. The dose usually given was from one to two scruples of the powder, in the course of the twenty-four hours.

In all the patients the ergot induced, within twenty-four hours, a degree of irritation or tenesmus of the bladder, and pains in the hypogastric region. Its usually stupifying effects also, marked by general heaviness, dilatation of the pupils, &c. were obvious in all. Occasionally slight convulsive twitches in the lower extremities, were experienced by two of the invalids.

Dr. Allier reminds his readers that it is very necessary to attend to the quality of the ergot, and that it should never be reduced to powder till it is about to be used.

The stimulating effect of this medicine on the urinary bladder has frequently been noticed in women, to whom it may have been given to promote uterine pains. At the same time that it excites the action of the womb, it usually causes a very abundant secretion of the urine.—*Bulletin de Thérapeutique*.

25. *On Menorrhagic Chlorosis; Treatment with Steel, Ergot of Rye, &c.*—M. TROUSSEAU very justly remarks, that medical men erroneously associate the idea

of amenorrhœa with all cases of chlorosis. Now this is quite contrary to the results of actual experience. We daily see cases, where all the usual symptoms of the latter disease—the pallor and bloodlessness of the surface, the loss of muscular strength, the palpitations of the heart and large blood-vessels, and the *bruit de soufflet* heard over their *trajet*, the various forms of neuralgic suffering, &c.—are present, and yet the catamenia are, so far from being deficient, more abundant and more frequently returning than in health. Such patients are generally said to be *anæmic* and not *chlorotic*; but, if we examine the history of their complaints more minutely, we shall find reason to believe that they are in every respect similar to those of common or amenorrhœal chlorosis. There exists not merely a deficiency of blood, in consequence of repeated losses, but at the same time the process of sanguification appears to be seriously disturbed; and the consequence of such a disturbance is, that a more or less decided abnormal state of the circulating fluids has gradually been induced. That the state of the system, which often accompanies menorrhagia, and which in our opinion is very similar to that in ordinary amenorrhœal chlorosis, is not simple anæmia, appears from the circumstance that mere quietude and the use of a nourishing regimen are very rarely adequate to its removal; whereas we well know that these means will generally suffice for the reproduction of a healthy quantity of the circulating fluids. In other words, nature can often of itself cure *anæmia*, but very seldom can she cure *chlorosis*.

Among the exciting causes of chlorosis, hæmorrhages, whether spontaneous or artificial, have always been enumerated; and when once the chlorotic state is induced, the tendency to such hæmorrhages is often much increased—in consequence no doubt of the existing attenuated state of the circulating fluids. We thus arrive at this most important conclusion—

That excessive menstruation induces an attenuated and dissolved state of the blood—and again, that an attenuated and dissolved state of the blood is a frequent cause of excessive menstruation.

The mutual acting and re-acting of the local and of the constitutional disorders, the one upon the other, should be well attended to in the treatment of such cases.

The menorrhagic form of chlorosis is of much more frequent occurrence among middle-aged than among young females; and perhaps also among married than among single women.

With respect to the treatment of such cases, M. Trousseau remarks that many practitioners feel themselves embarrassed how to act so as to arrest the excessive menstruation on the one hand, and on the other hand to correct the chlorotic state of the system. They hesitate to prescribe the medicine which of all others is the most potent antidote to the latter disorder,—viz. steel—from believing that it is a direct emmenagogue, and that it will necessarily increase the existing tendency to menorrhagia.

But let us consider if in truth the preparations of steel, which are universally acknowledged to be by far the most efficient remedies against chlorosis, are direct emmenagogues, as is usually supposed. That the catamenia, which are very generally absent in the disease, return with returning health, is known to all; but it may be asked, is this the *direct* result of the steel as a stimulus to the uterine functions? or is it not rather merely one of the consequences of the tone and vigour of the system being restored?

The primary effects of steel in cases of chlorosis are the *recoloration* of the tissues, the restitution of the muscular strength, the diminution of existing stomach complaints, and of palpitations of the heart, &c. It is often not until the general health has been quite restored for some time that the menstrual secretion is re-established. The restoration of the health has not been the consequence of the return of the catamenia; but the return of the catamenia has rather been one of the effects of the restoration of the general health. Were it otherwise, the earliest symptom of amendment should be the re-establishment of the menstrual secretion—but this is not the case.

It seems therefore to be quite a fallacy to regard steel as a direct emmena-

gogue or stimulant of the uterus. M. Trousseau goes so far as to assert that not only is it not an *emmenagogue*, but that it is a *hæmostatic*, or vascular astringent; and that its effect is rather to restrain than to increase the catamenia in those women who are quite regular.

These observations being premised, the reader will be at once prepared to assent to the propriety of the treatment recommended by M. Trousseau in cases of menorrhagic chlorosis—that form of the disease, which is accompanied with, or has been preceded by, excessive menstruation. The preparations of steel, by restoring tone to the muscular fibre and plasticity to the circulating fluids, will be found not only to re-establish the general health, but at the same time to diminish the tendency to menorrhagia.

As this, however, is not always the case, and as, it must be confessed, the menorrhagia seems in some instances even to be increased under the use of steel, it is well to be provided with other means, to which we may resort under such circumstances. The *ergot of rye* is one of the best which we can employ.* From one to four scruples of the recent powder may be given in twenty-four hours. M. Trousseau recommends that a dose be given at bed-time; as he is of opinion that there is a greater tendency in all uterine hæmorrhages to be increased during the night, than during the day.

He assures us that he has succeeded, in numerous instances, in preventing the expected return of the menorrhagia by administering the *ergot* the day previously. During the intervals between the menstrual periods, we should recur to the use of steel, as long as any of the symptoms of chlorosis continue.—*Med. Chirurg. Rev. from Jour. des Connaiss. Med. Chirurg.*

26. *Ointment for Chilblains.*—The following application is strongly recommended to relieve this troublesome affection: Take of balsam of storax ʒij.; solution of acetate of lead ʒiij.; olive oil ʒiij.; hydrochloric acid ʒj.; shake them well together. The affected parts are to be rubbed once or twice a day with this embrocation; and a piece of silk paper, moistened with it, should be kept constantly applied. The strength of the embrocation may be easily increased or diminished by varying the quantity of olive oil used in preparing it. When the chilblained skin has become chapped and ulcerated, the embrocation is to be applied only to the surrounding skin, and the little wounds should be dressed with laudanised cerate, to which we may sometimes add with advantage a portion of tincture of benzoin.—*Med. Chirurg. Rev. from Bullet. Gén. de Thérap.*

27. *On Alkaline Indigestion.*—R. D. THOMSON, M. D. stated to the Medical Section of the British Association, at their recent meeting at Birmingham, that since he brought this subject before the Association at their meeting in Bristol, he had not only from ample experience confirmed the results of his former inquiries, but had elicited several other conclusions of importance. In the healthy state, there is no doubt that during a portion at least of the process of digestion the contents of the stomach are in an acid state. Some had concluded that this acidity proceeded from the presence of muriatic acid, others that it proceeded from acetic or lactic acid. 1. Whatever this acid may be, there is no doubt that when it accumulates to a certain extent, the stomach can no longer sustain it, and disease ensues in the form of heartburn, acid eructations, &c. 2. Where the contents of the stomach assume any condition offensive to that organ, either from too much acid or from too small a proportion, the stomach, in many cases ejects a clear fluid, which Dr. Thomson has found to be accompanied by different symptoms, according to the chemical re-action of the fluid: thus in heartburn an acid fluid is ejected, but without any cessation of pain in the stomach; while, on the contrary, if a neutral fluid be ejected, according to the experience of the author, the pain is alleviated on the instant that the fluid is got rid of. This is a more rare case of indigestion, but the author has met with it several times.

* The activity of this medicine is found to vary exceedingly. It should be fresh, and reduced to powder only at the time of use.

It may be termed *Neutral Indigestion*. 3. The third form of indigestion which Dr. Thomson has met with is the alkaline state of the contents of the stomach. He terms it *Alkaline Indigestion*. The peculiar features of this disease are a violent pain in the region of the stomach, accompanied sometimes with a feeling of fainting, headach, and more rarely an inclination to vomit. Suddenly a sensation of spasm comes on, as if some contraction were taking place, and the patient speedily finds his mouth full of water, which he is obliged to empty. This operation he has no sooner performed, than he requires to repeat it, and at last a continuous stream flows from his mouth, which endures for some time, when it ceases, and along with it the pain of the stomach. This, together with the chemical re-action of the fluid ejected, appears to distinguish in a very complete manner, alkaline and neutral indigestion from the acid state, all of which have been confounded by former writers. The distinction is the more important, because these different forms require, in some measure, opposite modes of treatment. With regard to the cause of the alkaline re-action, Dr. Thomson stated that after evaporating the fluid emitted from the stomach, and igniting the residue, he had obtained, by crystallization, fine crystals of carbonate of soda. The presence of these, however, he ascribed often to the decomposition of common salt by the process, or to the previous existence of lactate of soda in the fluid. He was more inclined to attribute it to the former source, because the quantity of crystals was so very considerable. Dr. Thomson stated that the ejection of these fluids from the stomach was much more common than was usually imagined, as out of forty or fifty patients admitted daily at the Blenheim Street Dispensary, in London, he generally found one or two affected with such symptoms. For some years past he had made it a rule always to examine these fluids, and the result of his experiments were embodied in his present communication. He observed that these complaints were frequently symptomatic of disease placed in other organs, as the uterus, liver, &c. But the secondary disease was often the more disagreeable, and therefore required to be as carefully treated as the original one.—*Athenæum*.

28. *Amenorrhœa quickly cured by Leeches to Uterus*.—A lady, 35 years of age, was seized with a sudden suppression of the catamenia in consequence of alarm from thieves having broken into her house. Severe pain in the region of the kidneys and general *malaise* were the consequence. She had been bled and also several times purged without any good effects; and the various emmenagogue medicines in general use were then tried, but all in vain. For nearly fifteen months, she had been almost constantly suffering: she then went to Paris for the sake of metropolitan advice. When she first consulted M. Tauchon, she needed the assistance of two friends to lead her into the room, and to keep her from falling forward: whenever she attempted to raise herself upright, she experienced the most violent suffering.

No signs of disease could on examination be detected in the uterus, rectum, or bladder. The kidneys, ovaries, and also the vertebral column and sacrum seemed to be quite healthy.

The diagnosis as to the cause of the patient's sufferings was therefore obscure; but M. Tauchon did not hesitate to direct his attention chiefly to the re-establishment of the menstrual secretion. With this view, he prescribed that ten leeches should be applied to the cervix uteri. An almost immediate relief was the consequence; and, within twelve hours, the catamenia began to flow. By the end of the week the patient was entirely freed from her long and protracted illness.—*Med. Chirurg. Rev. from La Lancette Française*.